

UNDOING DEPRESSION

COURSE WORKBOOK

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CHANGWAYS CLINIC**

SECTION 1: SETTING SAIL

AN INTRODUCTION TO THE COURSE

Introducing: Depression

Depression is one of life's most difficult experiences. When people talk about the worst aspects of many potential calamities, they emphasize a feeling of despair that sounds very much like the experience of depression.

Despair is twofold:

1. Emotional pain or sadness in the present.
2. A belief that things can never get better.

But depression *does* get better. In this course you'll learn some of the most well-researched strategies to help it get better faster.

Introducing: Your instructor

Randy Paterson, Ph.D. A psychologist registered and practicing in British Columbia, Canada.

- Owner of Changeways Clinic, a Vancouver-based cognitive behavioral therapy service.
- Past coordinator of a post-hospitalization group therapy program for the severely depressed.
- Lead author of Canada's most widely-used treatment protocol for group therapy for depression, the *Changeways Core Program*.
- Author, *The Assertiveness Workbook*, *Your Depression Map*, *Private Practice Made Simple*, all from New Harbinger Publications.
- Coauthor (with Dan Bilsker), *The Antidepressant Skills Workbook*, Centre for Applied Research in Mental Health and Addictions.
- Clinician trainer in the group and individualized treatment of depression, presenting workshops in Canada, Hong Kong, Australia, and New Zealand.
- Lead presenter, PsychologySalon public talks on mental health issues.
- Blog: www.psychologysalon.com.
- For further information, visit www.randypaterson.com and/or www.changeways.com.

Related courses for the public, also available

What is Depression? About the symptoms and experience of clinical depression and related difficulties.

What Causes Depression? A survey of the research on the various causes of depression, from upbringing to lifestyle to biological factors to meaningful activity.

Breathing Made Easy. An introduction to diaphragmatic breathing for stress reduction.

WHO IS THIS COURSE DESIGNED FOR?

The course is designed for a variety of different groups:

Major Depressive Disorder (MDD)

To have this problem, a person must meet a variety of diagnostic criteria. These are discussed in more detail in the course “*What is Depression?*” Caution: Even a psychologist can’t self-diagnose!

Briefly, a person must be judged by a trained health professional to meet full criteria (meaning strong intensity) for at least 5 of 9 symptoms (including at least one of the first two in the list). Most of these must be present most of the day (MOD) nearly every day (NED) for at least two weeks.

If you wish, use the spaces after each symptom number to rate the intensity of each symptom for the last two weeks from 0 (not at all) to 10 (extreme AND all day, every day).

1. ____ Down or depressed mood.
2. ____ Lack of interest or pleasure in all (or almost all) activities the person used to enjoy.
3. ____ Marked increase or decrease in appetite and/or weight.
4. ____ Difficulties getting or staying asleep, or sleeping much more than usual.
5. ____ Physical agitation (e.g., fidgeting) or slowing to the point that others notice.
6. ____ Extreme fatigue (not just tiredness).
7. ____ Feelings of worthlessness or extreme or unwarranted guilt.
8. ____ Impaired concentration or decision-making ability.
9. ____ Thoughts of death or being better off dead, or recent evidence of a suicide attempt.

In addition, the problem cannot be due to a medication or other substance, or to the direct physical effects of an illness, and it must cause significant disruption in the person’s life.

Note that all of the symptoms above are quite common and can be considered part of the normal experience of life’s difficulties. The key is whether they are severe and persistent enough - a judgement that can only be made by a professional.

Unfortunately, many healthcare professionals do not take the time needed to assess each symptom. As a result, the problem can be missed or (and this is arguably a bigger problem in healthcare) a person may be diagnosed as having MDD despite not meeting the diagnostic criteria. Inappropriate labeling of normal-range mood dips and unhappiness as clinical depression is common.

The diagnostic line, however, is not magical. There are few differences in the effectiveness of the strategies in this course between people who are below versus above the line.

We also divide up the people who meet full diagnostic criteria:

- Mild Intensity: A person just barely meets full criteria. Despite the name, this is not a mild problem!

- Moderate Intensity: A person meets more symptoms than required, but not enough to be considered severe.
- Severe Intensity: The person greatly exceeds the severity and number of symptoms required.

Those with severe intensity often receive inpatient care and are almost certainly unable to work or care for themselves (though difficulties working or getting things done are common with Mild or Moderate intensity as well). This course is not likely to be of much benefit to the severely-depressed group until the problem lifts sufficiently for them to carry out at least some of the tasks.

Subclinical Depression

This is the group of people who experience many symptoms in the above list, but not enough, or severely enough, to meet criteria. These individuals may be suffering from “Minor Depression”, a deeply unpleasant state that most people are likely to experience at least once in their lifetime.

The techniques covered in this course are generally believed to be effective for this group as well. In fact, this may be the largest group of people who choose to take the course.

We often suggest that if a person isn't sure whether they are depressed, it can be useful for them simply to assume that they are - and take care of themselves accordingly. Eat better, exercise, see people, engage in meaningful activity, and so on. It appears that regardless of where we start out, these strategies can help elevate mood and life satisfaction.

Subclinical depression that is sufficiently intense and continues for more than two years may be diagnosed as Dysthymia (or Persistent Depressive Disorder), which also appears to be helped by many of the strategies discussed in this course.

Bipolar Disorder

People with Bipolar Disorder experience not only the deep dips of depression, but also markedly more elevated mood and energy than usual - to the point that we say they are experiencing mania (in Bipolar 1 Disorder) or hypomania (in Bipolar 2 Disorder). Hypomania (literally, “under mania”) is a milder form of unusually high mood, so Bipolar 2 is generally felt to be a milder disorder overall.

Bipolar 2 Disorder has been diagnosed markedly more frequently in the past decade than previously, leading many to conclude that it is presently being over-diagnosed. The problem is real, but can be difficult to diagnose properly.

Those who genuinely suffer from Bipolar Disorder often require a somewhat different approach than those with “regular” depressive disorders. Consequently, it is especially important for them to have ongoing care and guidance in the application of strategies discussed in this course.

Others

The course may also be of interest to those who have a depressed family member or friend, or those working in healthcare, or employers wishing to know more, or human resources or disability-management personnel.

THE FINE PRINT - SOME CAUTIONS

This Course is NOT a Substitute for Professional Care

People with mood difficulties may be suffering from any of a variety of medical or psychological conditions. These need to be properly - and individually - assessed. This course cannot do that.

This course is not psychotherapy and cannot be considered as such. It is really a talking version of a self-help book, like one you might pick up in a bookstore. No book or course can assess you nor take responsibility for your care.

Consequently, if you suspect that you may have depression or a related condition, we ask that you not take this course until you have been properly assessed. If it is major depression or another diagnosable mood disorder, strongly consider seeking psychotherapy in addition to care by your physician. Depression is a significant problem and can be difficult to get through on your own.

This course may be a useful supplement to medical or psychological care for depression. But again, it is in no way a substitute for such care.

If you have bipolar symptoms or Bipolar Disorder, or a severe form of Major Depressive Disorder, additional assistance (such as may be provided by a psychiatrist, psychologist, other qualified psychotherapist, or a community mental health team) is particularly indicated.

For some, a pharmacological approach may be helpful - and may increase a person's ability to put the practices in this course into use. Medication is seldom a complete and sufficient treatment for depression, however.

The Need for Action

Watching videos is not a treatment for mood problems. Creating change is. This course can point out some paths that have proven useful for many in this situation, but it cannot walk down those paths for you. Benefits are only likely to appear if you actually do the work and make change in your own life.

This workbook includes notes on every lecture, tip sheets on many of the concepts, and exercise pages to be completed. We recommend that you print it out and put it in a binder. When you've finished the program you will have a record of the complete experience. You may wish to add some loose-leaf lined sheets of paper to the binder for your own notes and exercises.

In addition, some of the exercise pages are designed to be used more than once. Copies of these additional pages are included among the downloadable forms associated with each section of the course.

For most people depression is a dragon - not a mosquito. It requires dedicated effort to overcome, and dealing with it must be a high priority. Therapy for depression might occupy only one of the 168 hours in a week. But in reality, therapy is most useful as a planning exercise for the other 167 hours.

GET PRACTICAL - MOOD MONITORING

Depression is a major distraction from one's life. The treatment of depression generally involves gradually re-engaging with life. So only a part of self-care involves a direct focus on how we feel.

Ultimately, however, one of the goals of self-care is definitely to feel better. And here we use a business principle:

You can't manage what you don't measure.

On a journey like this it's a good idea to take note of where you start so that you can see your progress. On the following page (and in the additional downloadable pages for this section) you will find a form for monitoring your own mood.

Write in the day of the week and today's date. Then rate your mood overall for the week on a simple scale from -10 to +10:

- 10: The worst week you have ever had in your life.
- 0: A neutral week, neither good nor bad on balance.
- +10: The best week you have ever had (note: even these weeks are not happy every moment).

Our mood is up and down from day to day, even during particularly good or bad weeks. So rate your mood *today* on the same scale:

- 10: The worst day you have ever had in your life.
- 0: A neutral day, neither good nor bad on balance.
- +10: The best day you have ever had (even though your mood varies hour to hour).

Seven days from now, rate your mood for the week and for that particular day again. Do not rate every day in between. A big part of the initial recovery from depression is the ability to focus outward, so we don't really want you monitoring your mood every day.

You may find it helpful to put an alert in your online calendar or cell phone to remind you to do your mood ratings every week on this day.

When you see your physician or therapist, consider taking the form with you to show them how you've been doing over time.

MOOD MONITORING FORM

Day of the week when you will record your mood (e.g, Mondays): _____

Rate how you have felt, on balance, over the past 7 days (from -10 to +10), and how you have felt on the day you make your ratings (e.g, how this particular Monday has been).

Date	Past Week	Today
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WHERE ARE WE GOING? COURSE OUTLINE

This first section of the course is an introduction to the material. Upcoming:

Section 2: Understanding the Behavioral Approach to Depression

An introduction to behavioral self-care for mood problems. We take an initial look at how depression is maintained. Then we examine the Floating Diamond model to see how downward spirals can begin. Turning the spiral around, we show how changes in behavior can feed forward to reverse the spiral. Then you are invited to set one unsatisfyingly small goal for the coming week.

Section 3: Finding the Path - The Influence of Action on Emotion

This section involves identifying the link between behavior and emotion even further. We begin with two lectures asking a strange question: What would you do if you wanted to feel worse? Then we address the question of why we often do the things that ordinarily we know are unlikely to help. Then it's time for a central principle of self-care for depression: Desire follows action.

Section 4: Ultimate Goals - The Elements of a Better Life

Now it's time to identify what you would like in your life - whether or not you think it relates to your mood. We also list the problems that are weighing on you. We then take problems and convert them in a surprisingly simple process into goals. In Goal Setting Basics we distinguish Ultimate Goals from Immediate Goals. And finally, having set some Ultimate Goals, we give up on achieving them - at least for the moment.

Section 5: Setting Immediate Goals - The Steps to Your Destinations

In this section we make it possible to get started by breaking Ultimate Goals down into achievable steps. It's fine if Ultimate Goals are a bit vague - but a lack of clarity is a recipe for failure with Immediate Goals. We introduce the five SMART rules for setting effective Immediate Goals.

Section 6: Fine-Tuning Your Goal Setting

Here we move beyond the SMART rules to sharpen up the setting of Immediate Goals even further. We ask under what circumstances can a person continue working once they have reached a finish line. We look at how to maximize the positive effect of successful goals, and how to work effectively with failed goals. And we identify a strategy for rebuilding structure in a life that has lost it.

Section 7: Get Moving! The Influence of Physical Activity on Mood

We examine the surprisingly strong link between fitness levels and mood, and the ways this effect might come about. We make a series of specific recommendations for increasing the level of exercise. Then we consider perhaps the biggest problem in this area: The issue of motivation.

Section 8: Stop Moving! The Importance of Restorative Sleep

Sleep problems are alarming common in depression, and may actually be primary causes of low mood for some individuals. Whether cause or symptom, it is important to get the sleep on track. In this section we discuss the architecture of sleep and how depression might destabilize it. We then discuss a series of strategies for improving the sleep/wake cycle and improving the sleep environment. We end with a discussion of strategies to work with thought patterns that often perpetuate sleep disorders.

Section 9: Premium Fuel - Dietary Recommendations for Depression

We examine the links between diet and depression, then review tips for coping with the poor appetite and lack of motivation for food preparation that depression brings. We then look at the influence of sugar on depression, and offer specific tips for reducing sugar intake. The issue of supplements for the diet is then briefly addressed.

Section 10: Having Fun is Serious Business - Cultivating Enjoyment

The symptom of anhedonia is discussed as a cause of people giving up the activities that formerly buoyed their mood. We then consider how to reawaken the sense of enjoyment with goal setting and gradual steps.

Section 11: Find the Tribe - Social Life Enhancement

Humanity is a tribal species; like so many other aspects of our lives, depression interferes with our ability to be around others. In this section we present the Social Census exercise and discuss the implications of the results in your own life. We talk about why networks shrink, particularly during depression, and what to do about it. We also consider the difficult problem of meeting new people.

Section 12: The Meaning of Life - Creating the Life Worth Living

Depression often produces a sense of meaninglessness, pointlessness, and hopelessness. How do we get a sense of purpose back? Some people view meaning as something to be discovered, others as something to be created. We explore both paths, and invite you to think back over your life for hints about your own sense of meaning - the activities and contributions that gave you a sense of flow, connection, and fulfillment. You are invited to make at least some of these activities part of your goal setting.

Section 13: Wrapping It To Go - An End and A Beginning

In this course summary we discuss the elements of depression recovery, and the fact that the depression-resilient life is also a happier and more fulfilled life. We argue against putting this all behind you, and instead continuing to treat yourself as a person worth care and attention. We look behind at what we have covered, and forward to the future. And we offer recommendations about resources for further study.